PINE MANOR HEALTH CARE CENTER - FDD

VILLAGE OF EMBARRASS

CLI NTONVI LLE 54929 Ownership: Corporati on Phone: (715) 823-3135 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: FDDs Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/01): 25 Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/01): 25 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 23 Average Daily Census: 23

Services Provided to Non-Residents	1	Age, Sex, and Primary Diagn	osis of	Residents (12/31	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	4. 3
Supp. Home Care-Personal Care Supp. Home Care-Household Services	No No	Developmental Disabilities	95. 7	Under 65	73. 9	More Than 4 Years	4. 3 91. 3
Day Services	No	Mental Illness (Org. /Psy)	0.0	65 - 74	21. 7	More man 4 lears	91. 3
Respite Care	No	Mental Illness (0ther)	0. 0	75 - 84	4.3	1	100. 0
Adult Day Care	Yes	Al cohol & Other Drug Abuse	0. 0	85 - 94	0.0	 ***********	******
Adult Day Health Care	Yes	Para-, Quadra-, Hemi plegi c	0. 0	95 & 0ver	0. 0	Full-Time Equivalen	ıt.
Congregate Meals	No	Cancer	0. 0			Nursing Staff per 100 Re	
Home Delivered Meals	No	Fractures	0.0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	26. 1		
Transportati on	No	Cerebrovascul ar	0.0			RNs	4. 3
Referral Service	No	Di abetes	0.0	Sex	%	LPNs	6. 1
Other Services	Yes	Respi ratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	4. 3	Male	30.4	Aides, & Orderlies	48. 5
Mentally Ill	No			Female	69. 6		
Provide Day Programming for			100. 0				
Developmentally Disabled	Yes			[100.0		
***********	*****	***********	*****	***********	*******	***********	*****

Method of Reimbursement

		Medicare Title 18			ledicaid litle 19			0ther		F	ri vate Pay	;		amily Care			anaged Care	I		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				22	100.0	113	1	100.0	117	0	0.0	0	0	0.0	0	0	0.0	0	23	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		22	100.0		1	100.0		0	0.0		0	0.0		0	0.0		23	100. 0

County: Waupaca PINE MANOR HEALTH CARE CENTER - FDD Page 2

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents	Condi ti on	s, Services, an	d Activities as of 12	/31/01
beachs builing kepoliting lellou				% N	eedi ng		Total
Percent Admissions from:		Activities of	%		tance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	0ne 0r	Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	0.0		43. 5	² 56. 5	23
Other Nursing Homes	100	Dressi ng	4. 3		8. 7	87. 0	23
Acute Care Hospitals	0.0	Transferri ng	4. 3		13. 0	82. 6	23
Psych. HospMR/DD Facilities	0.0	Toilet Use	4. 3		30. 4	65. 2	23
Reĥabilitation Hospitals	0.0	Eati ng	26. 1		0. 0	73. 9	23
Other Locations	0.0	**************	******	******	*******	*******	******
Total Number of Admissions	1	Continence		% S	pecial Treatmen	ts	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	4. 3	Receiving Resp	iratory Care	0. 0
Private Home/No Home Health	0.0	Occ/Freq. Incontinent	t of Bladder	100. 0	Receiving Trac	heostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	95. 7	Receiving Suct	i oni ng	0. 0
Other Nursing Homes	0.0	_			Receiving Osto	my Care	0. 0
Acute Care Hospitals	0.0	Mobility			Receiving Tube	Feedi ng	4. 3
Psych. HospMR/DD Facilities	0.0	Physically Restrained	i	17. 4	Receiving Mech	anically Altered Diets	s 95. 7
Rehabilitation Hospitals	0.0	Ì				-	
Other Locations	0.0	Skin Care		0	ther Resident C	haracteri sti cs	
Deaths	100	With Pressure Sores		0. 0	Have Advance D	i recti ves	100. 0
Total Number of Discharges		With Rashes		0. 0 M	ledi cati ons		
(Including Deaths)	2	ĺ			Receiving Psyc	hoactive Drugs	8. 7

	Thi s]	FDD			
	Facility	Fac	cilities	Faci	lties	
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	92. 0	84. 6	1. 09	84. 6	1. 09	
Current Residents from In-County	30. 4	41. 3	0. 74	77. 0	0. 40	
Admissions from In-County, Still Residing	0. 0	17. 0	0.00	20. 8	0.00	
Admi ssi ons/Average Daily Census	4. 3	18. 6	0. 23	128. 9	0. 03	
Discharges/Average Daily Census	8. 7	22. 2	0. 39	130. 0	0. 07	
Discharges To Private Residence/Average Daily Census	0. 0	9. 4	0.00	52. 8	0.00	
Residents Receiving Skilled Care	0. 0	0. 0	0.00	85. 3	0.00	
Residents Aged 65 and Older	26. 1	15. 8	1. 65	87. 5	0. 30	
Title 19 (Medicaid) Funded Residents	95. 7	99. 3	0. 96	68. 7	1. 39	
Private Pay Funded Residents	0. 0	0. 5	0.00	22. 0	0.00	
Developmentally Disabled Residents	95. 7	99. 7	0. 96	7. 6	12. 61	
Mentally Ill Residents	0. 0	0. 2	0.00	33. 8	0. 00	
General Medical Service Residents	4. 3	0. 1	38. 78	19. 4	0. 22	
Impaired ADL (Mean)*	83. 5	50. 6	1. 65	49. 3	1. 69	
Psychological Problems	8. 7	46. 6	0. 19	51. 9	0. 17	
Nursing Care Required (Mean)*	12. 5	11. 0	1. 14	7. 3	1. 70	